

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Utility

Title::

SYSTEM FOR IMPROVING LOGISTICS,
TRACKING AND BILLING FOR WORKER'S
COMPENSATION INSURANCE

Total Drawing Sheets::

3

Small Entity?::

Yes

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Steven

Middle Name::

R.

Family Name::

Cox

City of Residence::

San Jose

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

1818 Greencreek Drive

City of Mailing Address::

San Jose

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address::

95124

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: R.
Family Name:: Quirk
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1815 Greencreek Drive
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95124